

EVIDENCE OF GOOD FAITH EFFORT TO PLACE

Surplus Line Association of Utah
1245 East Brickyard Road #60
Salt Lake City, UT 84106
(801) 467-8421

This form is to be used to document the efforts made by the surplus line producer (and/or producing agent) to place the insurance coverage concerned with an admitted insurer before approaching the surplus lines insurer.

Policy No. _____ Name of Insured _____

List the admitted insurers contacted:

- | | Name of Insurer: | Name of Underwriter: | Phone #: |
|----|-----------------------------|----------------------|----------|
| 1. | _____ | _____ | _____ |
| | Reason for declining: _____ | | |
| | _____ | | |
| 2. | _____ | _____ | _____ |
| | Reason for declining: _____ | | |
| | _____ | | |
| 3. | _____ | _____ | _____ |
| | Reason for declining: _____ | | |
| | _____ | | |
| 4. | _____ | _____ | _____ |
| | Reason for declining: _____ | | |
| | _____ | | |

If any additional insurers were contacted, attach an additional sheet.

Provide any further explanation about the insured and your effort to place the insurance with an admitted insurer which would help support the need to place the policy in with a surplus lines insurer. Explain why you consider this to be reasonable evidence of a good faith effort to place the coverage with an admitted insurer. Attach additional sheets if necessary.

(Signature – Producing Agent)

(Signature – Surplus Line Producer)